



PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 06510035

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/613,949
	<b>Filing Date</b>	07/03/2003
	<b>First Named Inventor</b>	Theodosios Korakianitis
	<b>Art Unit</b>	3762
	<b>Examiner Name</b>	Unknown
	<b>Attorney Docket Number</b>	716875.6 (now 75446- 007)

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **029493**☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
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☐ Applicant/Inventor☒ Assignee of record of the entire interest.

See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

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Signature			
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NOTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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